

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

Maine Republican Party

ADDRESS (number and street)

9 higgins st

☒Check if different
than previously
reported. (ACC)

Augusta

ME

04330

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00003111

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☒April 15
Quarterly Report(Q1)☐July 15
Quarterly Report(Q2)☐October 15
Quarterly Report(Q3)☐January 31
Quarterly Report(YE)☐July 31 Mid-Year
Report(Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)(c) 12-Day
PRE-Election
Report for the:☐ Primary (12P)☐ General (12G)☐ Runoff (12R)☐ Convention (12C)☐ Special (12G)

Election on

in the
State of(d) 30-Day
Post -Election
Report for the:☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

in the
State of

5. Covering Period

01

01

2009

through

03

31

2009

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Philip Roy, Jr.

Signature of Treasurer

Electronically Filed by Philip Roy, Jr.

Date

04

10

2009

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
Maine Republican Party

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	1	0	1	2	0	0	9

To:

M	M	D	D	Y	Y	Y	Y
0	3	3	1	2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2009		42037.49
(b) Cash on Hand at Beginning of Reporting Period	137482.84	
(c) Total Receipts (from Line 19)	83587.15	403233.46
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	221069.99	445270.95
7. Total Disbursements (from Line 31)	59968.91	59968.91
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	161101.08	385302.04
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	30481.85	

☐ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name
Maine Republican Party

Report Covering the Period:

From:

M M
0 1D D
0 1Y Y Y Y
2 0 0 9

To:

M M
0 3D D
3 1Y Y Y Y
2 0 0 9

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	44131.00	195322.82
(i) Itemized (use Schedule A)	19181.62	187636.11
(ii) Unitemized	63312.62	382958.93
(iii) TOTAL (add Lines 11(a)(i) and (ii) ➤	10800.00	10800.00
(b) Political Party Committees	9474.53	9474.53
(c) Other Political Committees (such as PACs)	83587.15	403233.46
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) ➤		
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	83587.15	403233.46
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	83587.15	403233.46

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)	0.00	0.00
(i) Federal Share.....		
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	59968.91	59968.91
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	59968.91	59968.91
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	59968.91	59968.91
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	59968.91	59968.91

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	83587.15	403233.46
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	83587.15	403233.46
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	59968.91	59968.91
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	59968.91	59968.91

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 48

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Maine Republican Party

A.

Full Name (Last, First, Middle Initial)

Robert Anderson

Mailing Address 186 Flying Point Road

City

Freeport

State

ME

Zip Code

04032-6510

FEC ID number of contributing
federal political committee.

C

Name of Employer
U. S. Navy

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 2 0 / 2 0 0 9

Transaction ID: 90325.C86756

Amount of Each Receipt this Period

250.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Androscoggin County Republican Committee

Mailing Address 2 Turner Street
County Court House

City

Auburn

State

ME

Zip Code

04210

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 6 / 2 0 0 9

Transaction ID: 90325.C86831

Amount of Each Receipt this Period

250.00

Receipt

C.

Full Name (Last, First, Middle Initial)

LP AstraZeneca

Mailing Address 3 Merles Lanes

City

Stratham

State

NH

Zip Code

03885

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 2 4 / 2 0 0 9

Transaction ID: 90325.C86861

Amount of Each Receipt this Period

500.00

Receipt

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 48

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Maine Republican Party

A.

Full Name (Last, First, Middle Initial)

James Bitner

Mailing Address PO Box 610

City

Rockport

State

ME

Zip Code

04856-0610

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 3 1 / 2 0 0 9

Transaction ID: 90410.C86889

Amount of Each Receipt this Period

225.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Robert Brandow

Mailing Address 17 Brandow Lane

City

West Buxton

State

ME

Zip Code

04093

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

150.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 9 / 2 0 0 9

Transaction ID: 90131.C86387

Amount of Each Receipt this Period

150.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Robert Brandow

Mailing Address 17 Brandow Lane

City

West Buxton

State

ME

Zip Code

04093

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 2 0 / 2 0 0 9

Transaction ID: 90325.C86752

Amount of Each Receipt this Period

100.00

Receipt

SUBTOTAL of Receipts This Page (optional)

475.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 48

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Maine Republican Party

A.

Full Name (Last, First, Middle Initial)

Audrey Buffington

Mailing Address P.O. Box 386

City

South Thomaston

State

ME

Zip Code

04858

FEC ID number of contributing
federal political committee.

C

Name of Employer
educator

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 6 / 2 0 0 9

Transaction ID: 90131.C86521

Amount of Each Receipt this Period

100.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Audrey Buffington

Mailing Address P.O. Box 386

City

South Thomaston

State

ME

Zip Code

04858

FEC ID number of contributing
federal political committee.

C

Name of Employer
educator

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 3 / 2 0 0 9

Transaction ID: 90325.C86695

Amount of Each Receipt this Period

100.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Michael Cook

Mailing Address Michael F. Cook & Associates
P.O. Box 549

City

Farmington

State

ME

Zip Code

04938

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 8 / 2 0 0 9

Transaction ID: 90325.C86843

Amount of Each Receipt this Period

200.00

Receipt

SUBTOTAL of Receipts This Page (optional)

400.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 48

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Maine Republican Party

A.

Full Name (Last, First, Middle Initial)

Richard Dalbeck

Mailing Address 17 Spoondrift Lane

City

Cape Elizabeth

State

ME

Zip Code

04107-2934

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 6 / 2 0 0 9

Transaction ID: 90131.C86536

Amount of Each Receipt this Period

100.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Richard Dalbeck

Mailing Address 17 Spoondrift Lane

City

Cape Elizabeth

State

ME

Zip Code

04107-2934

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 2 5 / 2 0 0 9

Transaction ID: 90328.C86865

Amount of Each Receipt this Period

100.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Josephine Detmer

Mailing Address 14 Spruce Ln

City

Cumberland Foresid

State

ME

Zip Code

04110-1415

FEC ID number of contributing
federal political committee.

C

Name of Employer
Waynelete School

Occupation
Teacher

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 9 / 2 0 0 9

Transaction ID: 90131.C86572

Amount of Each Receipt this Period

250.00

Receipt

SUBTOTAL of Receipts This Page (optional)

450.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 48

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Maine Republican Party

A.

Full Name (Last, First, Middle Initial)

Farmer Rental Properties

Mailing Address Erald & Sally Farmer
172 Farmington Falls Road

City State Zip Code
Farmington ME 04938

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 2 4 / 2 0 0 9

Transaction ID: 90325.C86860

Amount of Each Receipt this Period

200.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Committee Friends of the GOP

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

160.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 6 / 2 0 0 9

Transaction ID: 90131.C86379

Amount of Each Receipt this Period

160.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Committee Friends of the GOP

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 6 / 2 0 0 9

Transaction ID: 90131.C86378

Amount of Each Receipt this Period

160.00

Receipt

SUBTOTAL of Receipts This Page (optional)

520.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 48

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Maine Republican Party

A.

Full Name (Last, First, Middle Initial)
Committee Friends of the GOP

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 6 / 2 0 0 9

Transaction ID: 90131.C86377

Amount of Each Receipt this Period

160.00

Receipt

B.

Full Name (Last, First, Middle Initial)
Edward Hamm

Mailing Address 243 S. Beach Road

City

State

Zip Code

Hobe Sound

FL

33455

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 9 / 2 0 0 9

Transaction ID: 90131.C86395

Amount of Each Receipt this Period

200.00

Receipt

C.

Full Name (Last, First, Middle Initial)
Hancock County Republican Committee

Mailing Address P. O. Box 5407

City

State

Zip Code

Ellsworth

ME

04605

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 2 3 / 2 0 0 9

Transaction ID: 90325.C86855

Amount of Each Receipt this Period

250.00

Receipt

SUBTOTAL of Receipts This Page (optional)

610.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 48

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Maine Republican Party

A.

Full Name (Last, First, Middle Initial)

Lance Harvell

Mailing Address 398 Knowlton Corner Road

City

Farmington

State

ME

Zip Code

04938-6213

FEC ID number of contributing
federal political committee.

C

Name of Employer
International Paper

Occupation
Production

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 3 1 / 2 0 0 9

Transaction ID: 90410.C86900

Amount of Each Receipt this Period

200.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Barbara Johnson

Mailing Address 9 Brooklyn Heights

City

Thomaston

State

ME

Zip Code

04861

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 0 / 2 0 0 9

Transaction ID: 90131.C86497

Amount of Each Receipt this Period

200.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Knox County Republican Committee

Mailing Address 62 Union Street
County Court House

City

Rockland

State

ME

Zip Code

04841

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 2 / 2 0 0 9

Transaction ID: 011420090C86319

Amount of Each Receipt this Period

250.00

Receipt

SUBTOTAL of Receipts This Page (optional)

650.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 48

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Maine Republican Party

A.

Full Name (Last, First, Middle Initial)

Steven Lyons

Mailing Address 626 Straight Bay Road

City

Lubec

State

ME

Zip Code

04652

FEC ID number of contributing
federal political committee.

C

Name of Employer
lyons market

Occupation
owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 9 / 2 0 0 9

Transaction ID: 90131.C86458

Amount of Each Receipt this Period

200.00

Receipt

B.

Full Name (Last, First, Middle Initial)

MEMIC

Mailing Address PO Box 11409

City

Portland

State

ME

Zip Code

04104

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 6 / 2 0 0 9

Transaction ID: 90325.C86832

Amount of Each Receipt this Period

400.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Sara Montgomery

Mailing Address 119 Marriners Drive

City

Lincolnvile

State

ME

Zip Code

04849

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allen Agency Insurance

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 0 5 / 2 0 0 9

Transaction ID: 90325.C86799

Amount of Each Receipt this Period

200.00

Receipt

SUBTOTAL of Receipts This Page (optional)

800.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 48

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Maine Republican Party

A.

Full Name (Last, First, Middle Initial)

Ray Nichols

Mailing Address PO Box 509

City

Jonesport

State

ME

Zip Code

04649-0509

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 9 / 2 0 0 9

Transaction ID: 90131.C86476

Amount of Each Receipt this Period

225.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Frank Peretti

Mailing Address 11 Oak Lawn Road

City

Peaks Island

State

ME

Zip Code

04108

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 6 / 2 0 0 9

Transaction ID: 90131.C86516

Amount of Each Receipt this Period

100.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Frank Peretti

Mailing Address 11 Oak Lawn Road

City

Peaks Island

State

ME

Zip Code

04108

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 2 6 / 2 0 0 9

Transaction ID: 90328.C86867

Amount of Each Receipt this Period

100.00

Receipt

SUBTOTAL of Receipts This Page (optional)

425.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 48

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Maine Republican Party

A.

Full Name (Last, First, Middle Initial)

Roger Putnam

Mailing Address PO Box 586

One Portland Square

City

Portland

State

ME

Zip Code

04112-0586

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self employed

Occupation
attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 9 / 2 0 0 9

Transaction ID: 90131.C86410

Amount of Each Receipt this Period

100.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Roger Putnam

Mailing Address PO Box 586

One Portland Square

City

Portland

State

ME

Zip Code

04112-0586

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self employed

Occupation
attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 1 1 / 2 0 0 9

Transaction ID: 90325.C86681

Amount of Each Receipt this Period

100.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Roger Putnam

Mailing Address PO Box 586

One Portland Square

City

Portland

State

ME

Zip Code

04112-0586

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self employed

Occupation
attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 2 6 / 2 0 0 9

Transaction ID: 90328.C86866

Amount of Each Receipt this Period

100.00

Receipt

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 48

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Maine Republican Party

A.

Full Name (Last, First, Middle Initial)

Sagadahoc County Committee

Mailing Address 5 Richards Lane

City

Bowdoinham

State

ME

Zip Code

04008

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 6 / 2 0 0 9

Transaction ID: 90131.C86364

Amount of Each Receipt this Period

250.00

Receipt

B.

Full Name (Last, First, Middle Initial)

State Of Maine

Mailing Address State of Maine
Do Not Mail

City

Me State Agencies

State

ME

Zip Code

04333

FEC ID number of contributing
federal political committee.

C

Name of Employer
State of Maine

Occupation

Income Tax Check Off

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

316.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 7 / 2 0 0 9

Transaction ID: 90131.C86565

Amount of Each Receipt this Period

316.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Travelport

Mailing Address 500 West Madison Street
Suite 1000

City

Chicago

State

IL

Zip Code

60661

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4735.50

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 2 6 / 2 0 0 9

Transaction ID: 90328.C86871

Amount of Each Receipt this Period

4735.50

Receipt

SUBTOTAL of Receipts This Page (optional)

5301.50

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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FOR LINE NUMBER: PAGE 17 / 48

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Maine Republican Party

A.

Full Name (Last, First, Middle Initial)

Charles Webster

Mailing Address 211 Perham Street

City

Farmington

State

ME

Zip Code

04938

FEC ID number of contributing
federal political committee.

C

Name of Employer
Webster Heating Co.

Occupation
Legislator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 3 1 / 2 0 0 9

Transaction ID: 90410.C86898

Amount of Each Receipt this Period

200.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Charles Whittier, II

Mailing Address 333 Foreside Road

City

Falmouth

State

ME

Zip Code

04105

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 0 3 / 2 0 0 9

Transaction ID: 90325.C86785

Amount of Each Receipt this Period

200.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Wiles Funeral Homes, Inc.

Mailing Address 137 Farmington Fall Road

City

Farmington

State

ME

Zip Code

04938

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 8 / 2 0 0 9

Transaction ID: 90325.C86844

Amount of Each Receipt this Period

200.00

Receipt

SUBTOTAL of Receipts This Page (optional)

600.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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FOR LINE NUMBER: PAGE 18 / 48

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Maine Republican Party

A.

Full Name (Last, First, Middle Initial)

Connie Wilkins

Mailing Address 623 Embden Pond Road

City

North Anson

State

ME

Zip Code

04958

FEC ID number of contributing
federal political committee.

C

Name of Employer
n/a

Occupation
n/a

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

39531.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 5 / 2 0 0 9

Transaction ID: 90325.C86774

Amount of Each Receipt this Period

39531.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Charlotte Zahn

Mailing Address 2008 Clark Street

City

Kingfield

State

ME

Zip Code

04947-0488

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Former State Senator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 6 / 2 0 0 9

Transaction ID: 90131.C86535

Amount of Each Receipt this Period

100.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Charlotte Zahn

Mailing Address 2008 Clark Street

City

Kingfield

State

ME

Zip Code

04947-0488

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Former State Senator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 0 9 / 2 0 0 9

Transaction ID: 90325.C86633

Amount of Each Receipt this Period

100.00

Receipt

SUBTOTAL of Receipts This Page (optional)

39731.00

TOTAL This Period (last page this line number only)

51262.50

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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☐ 11a ☒ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Maine Republican Party

A.

Full Name (Last, First, Middle Initial)
Brownfield Republican Town Committee

Mailing Address P.O. Box 295

City State Zip Code
Brownfield ME 04010

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 6 / 2 0 0 9

Transaction ID: 90131.C86513

Amount of Each Receipt this Period

50.00

Receipt

B.

Full Name (Last, First, Middle Initial)
Lincoln County Republican Committee

Mailing Address John Harris - Treasurer
45 Thompson Inn Road

City State Zip Code
South Bristol ME 04568

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 9 / 2 0 0 9

Transaction ID: 90131.C86492

Amount of Each Receipt this Period

250.00

Receipt

C.

Full Name (Last, First, Middle Initial)
Oxford RepublicanTown Committee

Mailing Address 1023 King Street

City State Zip Code
Oxford ME 04270

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 6 / 2 0 0 9

Transaction ID: 90131.C86363

Amount of Each Receipt this Period

250.00

Receipt

SUBTOTAL of Receipts This Page (optional)

550.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 48

(check only one)

☐ 11a ☒ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Maine Republican Party

A.

Full Name (Last, First, Middle Initial)

Piscataquis County Committee

Mailing Address 28 Orchard Street

City

Dover Foxcroft

State

ME

Zip Code

04426

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 0 / 2 0 0 9

Transaction ID: 90131.C86493

Amount of Each Receipt this Period

250.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Republican National Committee

Mailing Address 310 1st St SE

City

Washington

State

DC

Zip Code

20003-1885

FEC ID number of contributing
federal political committee.

C

C00003418

Name of Employer
Republican National Commi-
tee

Occupation

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 3 / 2 0 0 9

Transaction ID: 90131.C86504

Amount of Each Receipt this Period

10000.00

Receipt

SUBTOTAL of Receipts This Page (optional)

10250.00

TOTAL This Period (last page this line number only)

10800.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 48

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Maine Republican Party

A.

Full Name (Last, First, Middle Initial)
GOPAC Inc.

Mailing Address 1101 16th Steet NW STE. 201

City State Zip Code
Washington DC 20036

FEC ID number of contributing
federal political committee.

C c00435594

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 0 6 / 2 0 0 9

Transaction ID: 90206.C86605

Amount of Each Receipt this Period

250.00

Receipt

B.

Full Name (Last, First, Middle Initial)
House Republican Fund

Mailing Address P.O. Box 5629

City State Zip Code
Augusta ME 04332

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4000.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 3 / 2 0 0 9

Transaction ID: 90131.C86502

Amount of Each Receipt this Period

4000.00

Receipt

C.

Full Name (Last, First, Middle Initial)
Maine Senate Republican Victory Fund

Mailing Address P.O. Box 7342

City State Zip Code
Portland ME 04112

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2750.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 4 / 2 0 0 9

Transaction ID: 011420090C86322

Amount of Each Receipt this Period

2750.00

Receipt

SUBTOTAL of Receipts This Page (optional)

7000.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 48

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
------------------------------	------------------------------	---	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

Maine Republican Party

A.

Full Name (Last, First, Middle Initial)

Special Teams 08

Mailing Address P.O. Box 75103

City

Washington

State

DC

Zip Code

20013

FEC ID number of contributing
federal political committee.**C** C00428920

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2474.53

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 6 / 2 0 0 9

Transaction ID: 90325.C86830

Amount of Each Receipt this Period

2474.53

Receipt

SUBTOTAL of Receipts This Page (optional)

2474.53

TOTAL This Period (last page this line number only)

9474.53

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Maine Republican Party

A.

Full Name (Last, First, Middle Initial)
Aristotle International, Inc.

Mailing Address 205 Pennsylvania Avenue, SE

City Washington State DC Zip Code 20003-

Purpose of Disbursement
oth; software support

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 90131.E6958

Date of Disbursement

01 / 20 / 2009

Amount of Each Disbursement this Period

1262.00

OTH; SOFTWARE SUPPORT

B.

Full Name (Last, First, Middle Initial)
Augusta Florist

Mailing Address 118 Mt. Vernon Ave.

City Augusta State ME Zip Code 04330-

Purpose of Disbursement
oth; flowers state committee & open

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 90131.E6967

Date of Disbursement

01 / 22 / 2009

Amount of Each Disbursement this Period

167.90

OTH; FLOWERS STATE COMMITTEE & OPEN

C.

Full Name (Last, First, Middle Initial)
Augusta Florist

Mailing Address 118 Mt. Vernon Ave.

City Augusta State ME Zip Code 04330-

Purpose of Disbursement
oth; flowers open house

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 90131.E6974

Date of Disbursement

01 / 27 / 2009

Amount of Each Disbursement this Period

288.75

OTH; FLOWERS OPEN HOUSE

SUBTOTAL of Disbursements This Page (optional)

1718.65

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Maine Republican Party

A. Full Name (Last, First, Middle Initial) Augusta Fuel Company Mailing Address PO Box 2226	Transaction ID: 011420090E6916 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 2 / 2 0 0 9</div> </div>
City Augusta State ME Zip Code 04338-2226 Purpose of Disbursement off; utilities-heating fuel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>477.00</div> OFF; UTILITIES-HEATING FU-EL
B. Full Name (Last, First, Middle Initial) Augusta Fuel Company Mailing Address PO Box 2226 City Augusta State ME Zip Code 04338-2226 Purpose of Disbursement off; utilities-heat Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90131.E6977 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 7 / 2 0 0 9</div> </div> Amount of Each Disbursement this Period <div>302.01</div> OFF; UTILITIES-HEAT
C. Full Name (Last, First, Middle Initial) Augusta Fuel Company Mailing Address PO Box 2226 City Augusta State ME Zip Code 04338-2226 Purpose of Disbursement off; utilities-heating fuel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90325.E7001 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 0 3 / 2 0 0 9</div> </div> Amount of Each Disbursement this Period <div>399.50</div> OFF; UTILITIES-HEATING FU-EL

SUBTOTAL of Disbursements This Page (optional) ►

1178.51

TOTAL This Period (last page this line number only) ►

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Maine Republican Party

A. Full Name (Last, First, Middle Initial) Axon Design & Marketing	Transaction ID: 90325.E7000 Date of Disbursement																				
Mailing Address One Pleasant Street Suite 3E	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		2	4		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		2	4		2	0	0	9												
City Portland State ME Zip Code 04101-	Amount of Each Disbursement this Period																				
Purpose of Disbursement oth; post election consulting Candidate Name	<table border="1"> <tr> <td colspan="10">5584.25</td> </tr> </table>	5584.25																			
5584.25																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
OTH; POST ELECTION CONSUL- TING																					
B. Full Name (Last, First, Middle Initial) Matthew Boucher	Transaction ID: 90325.E7010 Date of Disbursement																				
Mailing Address 428 Bangor Road	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	0		2	0	0	9												
City Ellsworth State ME Zip Code 04605-	Amount of Each Disbursement this Period																				
Purpose of Disbursement oth; reimbursement Candidate Name	<table border="1"> <tr> <td colspan="10">2364.88</td> </tr> </table>	2364.88																			
2364.88																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
OTH; REIMBURSEMENT																					
C. Full Name (Last, First, Middle Initial) Central Maine Power	Transaction ID: 011420090E6913 Date of Disbursement																				
Mailing Address 83 Edison Drive	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	2		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	2		2	0	0	9												
City Augusta State ME Zip Code 04332-1084	Amount of Each Disbursement this Period																				
Purpose of Disbursement off; utilities-electricity Candidate Name	<table border="1"> <tr> <td colspan="10">148.37</td> </tr> </table>	148.37																			
148.37																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
OFF; UTILITIES-ELECTRICTY																					

SUBTOTAL of Disbursements This Page (optional)

8097.50

TOTAL This Period (last page this line number only)

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)
Maine Republican Party

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Maine Republican Party

A. Full Name (Last, First, Middle Initial) CIT Technology Fin Serv, Inc.	Transaction ID: 011420090E6908 Date of Disbursement																				
Mailing Address P.O. Box 550599	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	2		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	2		2	0	0	9												
<table border="1"> <tr> <td>City Jacksonville</td> <td>State FL</td> <td>Zip Code 32255-0599</td> </tr> <tr> <td colspan="2">Purpose of Disbursement off; office equipment rental</td> <td rowspan="2">Category/ Type</td> </tr> <tr> <td colspan="2">Candidate Name</td> </tr> </table>	City Jacksonville	State FL	Zip Code 32255-0599	Purpose of Disbursement off; office equipment rental		Category/ Type	Candidate Name		Amount of Each Disbursement this Period <table border="1"> <tr> <td>356.46</td> </tr> </table>	356.46											
City Jacksonville	State FL	Zip Code 32255-0599																			
Purpose of Disbursement off; office equipment rental		Category/ Type																			
Candidate Name																					
356.46																					
<table border="1"> <tr> <td>Office Sought:</td> <td>Disbursement For:</td> </tr> <tr> <td> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President </td> <td> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </td> </tr> <tr> <td>State: District:</td> <td></td> </tr> </table>	Office Sought:	Disbursement For:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:		OFF; OFFICE EQUIPMENT RENTAL														
Office Sought:	Disbursement For:																				
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
State: District:																					
B. Full Name (Last, First, Middle Initial) CIT Technology Fin Serv, Inc.	Transaction ID: 90206.E6985 Date of Disbursement																				
Mailing Address P.O. Box 550599	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		0	4		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		0	4		2	0	0	9												
<table border="1"> <tr> <td>City Jacksonville</td> <td>State FL</td> <td>Zip Code 32255-0599</td> </tr> <tr> <td colspan="2">Purpose of Disbursement off office equipment rental</td> <td rowspan="2">Category/ Type</td> </tr> <tr> <td colspan="2">Candidate Name</td> </tr> </table>	City Jacksonville	State FL	Zip Code 32255-0599	Purpose of Disbursement off office equipment rental		Category/ Type	Candidate Name		Amount of Each Disbursement this Period <table border="1"> <tr> <td>356.46</td> </tr> </table>	356.46											
City Jacksonville	State FL	Zip Code 32255-0599																			
Purpose of Disbursement off office equipment rental		Category/ Type																			
Candidate Name																					
356.46																					
<table border="1"> <tr> <td>Office Sought:</td> <td>Disbursement For:</td> </tr> <tr> <td> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President </td> <td> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </td> </tr> <tr> <td>State: District:</td> <td></td> </tr> </table>	Office Sought:	Disbursement For:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:		OFF OFFICE EQUIPMENT RENTAL														
Office Sought:	Disbursement For:																				
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
State: District:																					
C. Full Name (Last, First, Middle Initial) CIT Technology Fin Serv, Inc.	Transaction ID: 90325.E7006 Date of Disbursement																				
Mailing Address P.O. Box 550599	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	0		2	0	0	9												
<table border="1"> <tr> <td>City Jacksonville</td> <td>State FL</td> <td>Zip Code 32255-0599</td> </tr> <tr> <td colspan="2">Purpose of Disbursement off; office equipment</td> <td rowspan="2">Category/ Type</td> </tr> <tr> <td colspan="2">Candidate Name</td> </tr> </table>	City Jacksonville	State FL	Zip Code 32255-0599	Purpose of Disbursement off; office equipment		Category/ Type	Candidate Name		Amount of Each Disbursement this Period <table border="1"> <tr> <td>356.46</td> </tr> </table>	356.46											
City Jacksonville	State FL	Zip Code 32255-0599																			
Purpose of Disbursement off; office equipment		Category/ Type																			
Candidate Name																					
356.46																					
<table border="1"> <tr> <td>Office Sought:</td> <td>Disbursement For:</td> </tr> <tr> <td> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President </td> <td> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </td> </tr> <tr> <td>State: District:</td> <td></td> </tr> </table>	Office Sought:	Disbursement For:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:		OFF; OFFICE EQUIPMENT														
Office Sought:	Disbursement For:																				
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
State: District:																					

SUBTOTAL of Disbursements This Page (optional)

1069.38

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Maine Republican Party

A.

Full Name (Last, First, Middle Initial)
City of Augusta

Mailing Address 16 Cony St.

City Augusta State ME Zip Code 04330-

Purpose of Disbursement
oth; property taxes

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 90325.E6999

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1144.78

OTH; PROPERTY TAXES

B.

Full Name (Last, First, Middle Initial)
City of Augusta

Mailing Address 16 Cony St.

City Augusta State ME Zip Code 04330-

Purpose of Disbursement
oth; state committee meeting expens

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 90325.E7017

Date of Disbursement

/ /

Amount of Each Disbursement this Period

130.31

OTH: STATE COMMITTEE MEET-
ING EXPENS

C.

Full Name (Last, First, Middle Initial)
Critical Insights, Inc.

Mailing Address 120 Exchange Street

City Portland State ME Zip Code 04101-

Purpose of Disbursement
pol; polling

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 90325.E7003

Date of Disbursement

/ /

Amount of Each Disbursement this Period

4000.00

POL; POLLING

SUBTOTAL of Disbursements This Page (optional)

5275.09

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 29 / 48

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Maine Republican Party

A.

Full Name (Last, First, Middle Initial)
Mark Ellis

Mailing Address 49 State Street

City Augusta State ME Zip Code 04330-4537

Purpose of Disbursement
oth; reimbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 90131.E6975

Date of Disbursement

/ /

Amount of Each Disbursement this Period

827.98

OTH; REIMBURSEMENT

B.

Full Name (Last, First, Middle Initial)
Mark Ellis

Mailing Address 49 State Street

City Augusta State ME Zip Code 04330-4537

Purpose of Disbursement
oth; reimbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 90325.E7009

Date of Disbursement

/ /

Amount of Each Disbursement this Period

492.57

OTH; REIMBURSEMENT

C.

Full Name (Last, First, Middle Initial)
Fairpoint Communications

Mailing Address P. O. Box 1939

City Portland State ME Zip Code 04104-

Purpose of Disbursement
off; utilities-telephone

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 011420090E6903

Date of Disbursement

/ /

Amount of Each Disbursement this Period

162.94

OFF; UTILITIES-TELEPHONE

SUBTOTAL of Disbursements This Page (optional)

1483.49

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 30 / 48

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Maine Republican Party

A.

Full Name (Last, First, Middle Initial)
Fairpoint Communications

Mailing Address P. O. Box 1939

City Portland State ME Zip Code 04104-

Purpose of Disbursement
off; utilities-phone

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 011420090E6904
Date of Disbursement

/ /

Amount of Each Disbursement this Period

113.19

OFF; UTILITIES-PHONE

B.

Full Name (Last, First, Middle Initial)
Fairpoint Communications

Mailing Address P. O. Box 1939

City Portland State ME Zip Code 04104-

Purpose of Disbursement
off; utilities telephone

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 90131.E6973
Date of Disbursement

/ /

Amount of Each Disbursement this Period

227.20

OFF; UTILITIES TELEPHONE

C.

Full Name (Last, First, Middle Initial)
Fairpoint Communications

Mailing Address P. O. Box 1939

City Portland State ME Zip Code 04104-

Purpose of Disbursement
oth; utilities phone

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 90325.E7018
Date of Disbursement

/ /

Amount of Each Disbursement this Period

337.82

OTH; UTILITIES PHONE

SUBTOTAL of Disbursements This Page (optional)

678.21

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
Maine Republican Party

A. Full Name (Last, First, Middle Initial) FLS Connect	Transaction ID: 90206.E6983 Date of Disbursement
Mailing Address 2401 W Behrend Dr Ste 7 Suite 7	<div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 0 3 / 2 0 0 9</div> </div>
City Phoenix State AZ Zip Code 85027-4143	Amount of Each Disbursement this Period
Purpose of Disbursement telemarketing Candidate Name	<div> <div>300.00</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	TELEMARKETING
B. Full Name (Last, First, Middle Initial) FLS Connect	Transaction ID: 90325.E6987 Date of Disbursement
Mailing Address 2401 W Behrend Dr Ste 7 Suite 7	<div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 0 9 / 2 0 0 9</div> </div>
City Phoenix State AZ Zip Code 85027-4143	Amount of Each Disbursement this Period
Purpose of Disbursement telemarketing Candidate Name	<div> <div>300.00</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	TELEMARKETING
C. Full Name (Last, First, Middle Initial) Hyatt Regency Minneapolis	Transaction ID: 90131.E6972 Date of Disbursement
Mailing Address 13 Nicollet Mall	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 6 / 2 0 0 9</div> </div>
City Minneapolis State MN Zip Code 55403-	Amount of Each Disbursement this Period
Purpose of Disbursement eft; national convention Candidate Name	<div> <div>1800.00</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	EFT; NATIONAL CONVENTION

SUBTOTAL of Disbursements This Page (optional)

2400.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 32 / 48

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
Maine Republican Party

A. Full Name (Last, First, Middle Initial) Kyes Insurance	Transaction ID: 90325.E6991 Date of Disbursement
Mailing Address P.O. Box 311	<div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 1 1 / 2 0 0 9</div> </div>
City Farmington State ME Zip Code 04938-	Amount of Each Disbursement this Period
Purpose of Disbursement oth: property insurance Candidate Name <div>Category/Type</div>	<div>500.00</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	OTH: PROPERTY INSURANCE
B. Full Name (Last, First, Middle Initial) Lipman, Katz & McKee	Transaction ID: 90131.E6982 Date of Disbursement
Mailing Address 227 Water Street	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 8 / 2 0 0 9</div> </div>
City Augusta State ME Zip Code 04330-	Amount of Each Disbursement this Period
Purpose of Disbursement oth; attorney services Candidate Name <div>Category/Type</div>	<div>5000.00</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	OTH; ATTORNEY SERVICES
C. Full Name (Last, First, Middle Initial) Maine Employers Mutual Insurance Co.	Transaction ID: 011420090E6909 Date of Disbursement
Mailing Address PO Box 11409	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 2 / 2 0 0 9</div> </div>
City Portland State ME Zip Code 04104-	Amount of Each Disbursement this Period
Purpose of Disbursement oth; workers comp insurance Candidate Name <div>Category/Type</div>	<div>394.75</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	OTH; WORKERS COMP INSURANCE

SUBTOTAL of Disbursements This Page (optional)

5894.75

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 33 / 48

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Maine Republican Party

A. Full Name (Last, First, Middle Initial)
Maine Employers Mutual Insurance Co.

Mailing Address PO Box 11409

City Portland State ME Zip Code 04104-

Purpose of Disbursement
other; workers comp insurance

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 90325.E7013

Date of Disbursement

03 / 17 / 2009

Amount of Each Disbursement this Period

396.75

OTHER; WORKERS COMP INSUR-
ANCE

B. Full Name (Last, First, Middle Initial)
Maine Fire Protection

Mailing Address PO Box 1085

City Bangor State ME Zip Code 04402-

Purpose of Disbursement
oth; fire protection

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 90325.E6990

Date of Disbursement

02 / 11 / 2009

Amount of Each Disbursement this Period

300.00

OTH; FIRE PROTECTION

C. Full Name (Last, First, Middle Initial)
Mattsons Home Decor

Mailing Address 243 Western Ave

City Augusta State ME Zip Code 04330-

Purpose of Disbursement
pro; bldg. maintenance

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 011420090E6907

Date of Disbursement

01 / 12 / 2009

Amount of Each Disbursement this Period

751.25

PRO; BLDG. MAINTENANCE

SUBTOTAL of Disbursements This Page (optional)

1448.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 34 / 48

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Maine Republican Party**A.**Full Name (Last, First, Middle Initial)
Nicholson & Associates C. P. A.

Mailing Address 76 Silver Street

City Waterville State ME Zip Code 04901-0831

Purpose of Disbursement
oth; accounting services

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 90325.E6992

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	7		2	0	0	9

Amount of Each Disbursement this Period

136.25

OTH; ACCOUNTING SERVICES

B.Full Name (Last, First, Middle Initial)
Nicholson & Associates C. P. A.

Mailing Address 76 Silver Street

City Waterville State ME Zip Code 04901-0831

Purpose of Disbursement
oth; accounting services

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 90325.E7007

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	0		2	0	0	9

Amount of Each Disbursement this Period

191.25

OTH; ACCOUNTING SERVICES

C.Full Name (Last, First, Middle Initial)
Pinnacle List Company

Mailing Address 2800 Shirlington Road Suite 970

City Arlington State VA Zip Code 22206-

Purpose of Disbursement
mhs; donor mail list

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 90131.E6962

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	0		2	0	0	9

Amount of Each Disbursement this Period

720.21

MHS; DONOR MAIL LIST

SUBTOTAL of Disbursements This Page (optional)

1047.71

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 35 / 48

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Maine Republican Party

A.	Full Name (Last, First, Middle Initial) Riverside Disposal	Transaction ID: 011420090E6906 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 9
	Mailing Address PO Box 2335	
	City Augusta State ME Zip Code 04338-2335	Amount of Each Disbursement this Period 70.00
	Purpose of Disbursement off; utilities-trash removal	
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		OFF; UTILITIES-TRASH REMO- VAL
B.	Full Name (Last, First, Middle Initial) Riverside Disposal	Transaction ID: 90206.E6984 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 4 / 2 0 0 9
	Mailing Address PO Box 2335	
	City Augusta State ME Zip Code 04338-2335	Amount of Each Disbursement this Period 70.00
	Purpose of Disbursement off; utilities-trash removal	
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		OFF; UTILITIES-TRASH REMO- VAL
C.	Full Name (Last, First, Middle Initial) Riverside Disposal	Transaction ID: 90325.E7004 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 0 / 2 0 0 9
	Mailing Address PO Box 2335	
	City Augusta State ME Zip Code 04338-2335	Amount of Each Disbursement this Period 70.00
	Purpose of Disbursement off; utilities - trash removal	
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		OFF; UTILITIES - TRASH RE- MOVAL

SUBTOTAL of Disbursements This Page (optional)

210.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Maine Republican Party

A.

Full Name (Last, First, Middle Initial)
Robustelli, Rotz & Sucy, P.A.

Mailing Address 1071 Lisbon Street

City Lewiston State ME Zip Code 04241-

Purpose of Disbursement
oth; audit report

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 90325.E7016

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2250.00

OTH; AUDIT REPORT

B.

Full Name (Last, First, Middle Initial)
Securian Dental Plan

Mailing Address PO Box 1450

City Minneapolis State MN Zip Code 55485-1450

Purpose of Disbursement
oth; employee benefit

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 011420090E6912

Date of Disbursement

/ /

Amount of Each Disbursement this Period

225.10

OTH; EMPLOYEE BENEFIT

C.

Full Name (Last, First, Middle Initial)
Securian Dental Plan

Mailing Address PO Box 1450

City Minneapolis State MN Zip Code 55485-1450

Purpose of Disbursement
oth; employee benefits

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 90131.E6952

Date of Disbursement

/ /

Amount of Each Disbursement this Period

225.10

OTH; EMPLOYEE BENEFITS

SUBTOTAL of Disbursements This Page (optional)

2700.20

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 37 / 48

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Maine Republican Party

A. Full Name (Last, First, Middle Initial) Securian Dental Plan Mailing Address PO Box 1450	Transaction ID: 90325.E7008 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 0 / 2 0 0 9</div> </div>
City Minneapolis State MN Zip Code 55485-1450 Purpose of Disbursement oth; employee benefits Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>450.20</div> OTH; EMPLOYEE BENEFITS
B. Full Name (Last, First, Middle Initial) Melissa Simones Mailing Address 53 Buffie Lane City Greene State ME Zip Code 04236- Purpose of Disbursement oth; reimbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 011420090E6917 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 2 / 2 0 0 9</div> </div> Amount of Each Disbursement this Period <div>425.30</div> OTH; REIMBURSEMENT
C. Full Name (Last, First, Middle Initial) Southwest Publishing Mailing Address 2600 NW Topeka Blvd City Topeka State KS Zip Code 66617- Purpose of Disbursement mhs; direct mail Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90131.E6961 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 0 / 2 0 0 9</div> </div> Amount of Each Disbursement this Period <div>4080.41</div> MHS; DIRECT MAIL

SUBTOTAL of Disbursements This Page (optional) ►

4955.91

TOTAL This Period (last page this line number only) ►

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Maine Republican Party

A. Full Name (Last, First, Middle Initial) Southwest Publishing	Transaction ID: 90131.E6971 Date of Disbursement
Mailing Address 2600 NW Topeka Blvd	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 2 / 2 0 0 9</div> </div>
City Topeka State KS Zip Code 66617-	Amount of Each Disbursement this Period
Purpose of Disbursement mhs; direct mail Candidate Name	<div>1871.13</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
MHS; DIRECT MAIL	
B. Full Name (Last, First, Middle Initial) Southwest Publishing	Transaction ID: 90131.E6969 Date of Disbursement
Mailing Address 2600 NW Topeka Blvd	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 2 / 2 0 0 9</div> </div>
City Topeka State KS Zip Code 66617-	Amount of Each Disbursement this Period
Purpose of Disbursement mhs; direct mail Candidate Name	<div>872.29</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
MHS; DIRECT MAIL	
C. Full Name (Last, First, Middle Initial) Southwest Publishing	Transaction ID: 90131.E6970 Date of Disbursement
Mailing Address 2600 NW Topeka Blvd	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 2 / 2 0 0 9</div> </div>
City Topeka State KS Zip Code 66617-	Amount of Each Disbursement this Period
Purpose of Disbursement mhs; direct mail Candidate Name	<div>1931.40</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
MHS; DIRECT MAIL	

SUBTOTAL of Disbursements This Page (optional)

4674.82

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Maine Republican Party

A. Full Name (Last, First, Middle Initial) Southwest Publishing	Transaction ID: 90410.E7024 Date of Disbursement																				
Mailing Address 2600 NW Topeka Blvd	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		3	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		3	1		2	0	0	9												
City Topeka State KS Zip Code 66617-	Amount of Each Disbursement this Period																				
Purpose of Disbursement mhs; direct mail Candidate Name	<table border="1"> <tr> <td colspan="10">1084.65</td> </tr> </table>	1084.65																			
1084.65																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
MHS; DIRECT MAIL																					
B. Full Name (Last, First, Middle Initial) State Street Strategies	Transaction ID: 90131.E6965 Date of Disbursement																				
Mailing Address 121 State Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	0		2	0	0	9												
City Harrisburg State PA Zip Code 17101-	Amount of Each Disbursement this Period																				
Purpose of Disbursement eft Candidate Name	<table border="1"> <tr> <td colspan="10">2046.00</td> </tr> </table>	2046.00																			
2046.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
EFT																					
C. Full Name (Last, First, Middle Initial) State Street Strategies	Transaction ID: 90131.E6966 Date of Disbursement																				
Mailing Address 121 State Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	0		2	0	0	9												
City Harrisburg State PA Zip Code 17101-	Amount of Each Disbursement this Period																				
Purpose of Disbursement eft Candidate Name	<table border="1"> <tr> <td colspan="10">259.48</td> </tr> </table>	259.48																			
259.48																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
EFT																					

SUBTOTAL of Disbursements This Page (optional)

3390.13

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
Maine Republican Party

A.

Full Name (Last, First, Middle Initial)
Steve Brown Direct Mail, Inc.

Mailing Address 731 Divot Drive

City Fernley State NV Zip Code 89408-

Purpose of Disbursement
mhs; direct mail

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 90131.E6960

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1002.90

MHS; DIRECT MAIL

B.

Full Name (Last, First, Middle Initial)
Steve Brown Direct Mail, Inc.

Mailing Address 731 Divot Drive

City Fernley State NV Zip Code 89408-

Purpose of Disbursement
mhs; direct mail

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 90131.E6968

Date of Disbursement

/ /

Amount of Each Disbursement this Period

500.00

MHS; DIRECT MAIL

C.

Full Name (Last, First, Middle Initial)
Transco

Mailing Address 10 Capitol Street

City Nashua State NH Zip Code 03063-

Purpose of Disbursement
off; equipment maintenance

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 90325.E6989

Date of Disbursement

/ /

Amount of Each Disbursement this Period

378.56

OFF; EQUIPMENT MAINTENANCE

SUBTOTAL of Disbursements This Page (optional)

1881.46

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 41 / 48

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Maine Republican Party

A.

Full Name (Last, First, Middle Initial)
Augusta Post Office

Mailing Address 40 Western Avenue

City Augusta State ME Zip Code 04330-

Purpose of Disbursement
pos; business reply

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 90131.E6954

Date of Disbursement

/ /

Amount of Each Disbursement this Period

200.00

POS; BUSINESS REPLY

B.

Full Name (Last, First, Middle Initial)
Augusta Post Office

Mailing Address 40 Western Avenue

City Augusta State ME Zip Code 04330-

Purpose of Disbursement
pos; business reply

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 90131.E6979

Date of Disbursement

/ /

Amount of Each Disbursement this Period

400.00

POS; BUSINESS REPLY

C.

Full Name (Last, First, Middle Initial)
Augusta Post Office

Mailing Address 40 Western Avenue

City Augusta State ME Zip Code 04330-

Purpose of Disbursement
pos; stamps

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 90325.E6995

Date of Disbursement

/ /

Amount of Each Disbursement this Period

168.00

POS; STAMPS

SUBTOTAL of Disbursements This Page (optional)

768.00

TOTAL This Period (last page this line number only)

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)
Maine Republican Party

A.

Full Name (Last, First, Middle Initial)
Augusta Post Office

Mailing Address
40 Western Avenue

City
Augusta

State
ME

Zip Code
04330-

Purpose of Disbursement
pos; business reply

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary
☐ Other (specify) ▼

General

State:

District:

Transaction ID: 90325.E6996

Date of Disbursement
MM / DD / YYYY
02 / 17 / 2009

Amount of Each Disbursement this Period
200.00

POS; BUSINESS REPLY

B.

Full Name (Last, First, Middle Initial)
Augusta Post Office

Mailing Address
40 Western Avenue

City
Augusta

State
ME

Zip Code
04330-

Purpose of Disbursement
pos; stamps 8 rolls

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary
☐ Other (specify) ▼

General

State:

District:

Transaction ID: 90325.E7011

Date of Disbursement
MM / DD / YYYY
03 / 17 / 2009

Amount of Each Disbursement this Period
336.00

POS; STAMPS 8 ROLLS

C.

Full Name (Last, First, Middle Initial)
Augusta Post Office

Mailing Address
40 Western Avenue

City
Augusta

State
ME

Zip Code
04330-

Purpose of Disbursement
oth; business reply

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary
☐ Other (specify) ▼

General

State:

District:

Transaction ID: 90325.E7020

Date of Disbursement
MM / DD / YYYY
03 / 25 / 2009

Amount of Each Disbursement this Period
200.00

OTH; BUSINESS REPLY

736.00

FEC Schedule B (Form 3X) (Revised 02/2003)

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)
Maine Republican Party

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 44 / 48

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)
Maine Republican Party

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Riverside Disposal

Nature of Debt (Purpose):
off; utilities-trash removal

Mailing Address PO Box 2335

City State ZIP Code
Augusta ME 04338-2335

Outstanding Balance Beginning This Period

0.00

Transaction ID: LS90206.E6984

Amount Incurred This Period

0.00

Payment This Period

70.00

Outstanding Balance at Close of This Period

-70.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Staples

Nature of Debt (Purpose):
Office Supplies

Mailing Address I-95 & Civic Center Blvd.

City State ZIP Code
Augusta ME 04330-

Outstanding Balance Beginning This Period

146.49

Transaction ID: LS70127.E5098

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

146.49

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Bangor Letter Shop, Inc.

Nature of Debt (Purpose):
Fundraising Letter

Mailing Address 99 Washington Street

City State ZIP Code
Bangor ME 04401-6518

Outstanding Balance Beginning This Period

21738.11

Transaction ID: LS70127.E5104

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

21738.11

1) **SUBTOTALS** This Period This Page (optional).....

21814.60

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 45 / 48

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)
Maine Republican Party

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
CTI Communication

Nature of Debt (Purpose):
Phone Equipment

Mailing Address 202 Warren Ave Suite 300/400

City State ZIP Code
Portland ME 04103-

Outstanding Balance Beginning This Period

1427.39

Transaction ID: LS70127.E5086

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1427.39

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Donna Miller

Nature of Debt (Purpose):
Volunteer

Mailing Address 80 Trues Pond Road

City State ZIP Code
Liberty ME 04949-

Outstanding Balance Beginning This Period

50.00

Transaction ID: LS70127.E5087

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

50.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
City of Augusta

Nature of Debt (Purpose):
Adjustment to bill

Mailing Address 16 Cony St

City State ZIP Code
Augusta ME 04330-5200

Outstanding Balance Beginning This Period

2905.54

Transaction ID: LS70127.E5085

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2905.54

1) **SUBTOTALS** This Period This Page (optional).....

4382.93

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

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FOR LINE NUMBER:
(check only one)☐ 9
☒ 10NAME OF COMMITTEE (In Full)
Maine Republican Party**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor
Albisons PrintingNature of Debt (Purpose):
Printing for Chairmans Re-
ception

Mailing Address 124 Riverside Dr

City State ZIP Code
Augusta ME 04330-4384

Outstanding Balance Beginning This Period

103.75

Transaction ID: LS70428.E5222

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

103.75

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
FLS ConnectNature of Debt (Purpose):
Telemarketing ExpenseMailing Address 2401 W Behrend Dr Ste 7
Suite 7City State ZIP Code
Phoenix AZ 85027-4143

Outstanding Balance Beginning This Period

3057.10

Transaction ID: LS70127.E5105

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

3057.10

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
FLS ConnectNature of Debt (Purpose):
TelemarketingMailing Address 2401 W Behrend Dr Ste 7
Suite 7City State ZIP Code
Phoenix AZ 85027-4143

Outstanding Balance Beginning This Period

314.60

Transaction ID: LS80129.E5665

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

314.60

1) **SUBTOTALS** This Period This Page (optional).....

3475.45

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 47 / 48

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10NAME OF COMMITTEE (In Full)
Maine Republican Party**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor
GOP Mail & PrintNature of Debt (Purpose):
Direct MailMailing Address 95 Eddy Rd Ste 101
Suite 101City State ZIP Code
Manchester NH 03102-3258

Outstanding Balance Beginning This Period

749.44

Transaction ID: LS70127.E5089

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

749.44

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Time Warner CableNature of Debt (Purpose):
Utilities - cable

Mailing Address PO Box 9148

City State ZIP Code
Chelsea MA 02150-9148

Outstanding Balance Beginning This Period

59.43

Transaction ID: LS70730.E5398

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

59.43

1) **SUBTOTALS** This Period This Page (optional).....

808.87

2) **TOTALS** This Period (last page this line number only).....

30481.85

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

30481.85

METHOD OF ALLOCATION FOR:

- **SHARED FEDERAL AND NONFEDERAL ADMINISTRATIVE, GENERIC VOTER DRIVE AND EXEMPT ACTIVITY COSTS**
- **SHARED FEDERAL AND LEVIN FUNDS FEDERAL ELECTION ACTIVITY EXPENSES** (State, District and Local Party Committees Only)
- **ALLOCATED PUBLIC COMMUNICATIONS THAT REFER TO ANY POLITICAL PARTY (BUT NOT A CANDIDATE)**(Seperate Segregated Funds And Nonconnected Committees Only)

NAME OF COMMITTEE (In Full)

Maine Republican Party

USE ONLY ONE SECTION, A or B**A. State and Local Party Committees****Fixed Percentage (select one)**

- _____ Presidential-Only Election Year (28% Federal)
- X Presidential and Senate Election Year (36% Federal)
- _____ Senate-Only Election Year (21% Federal)
- _____ Non-Presidential and Non-Senate Election Year (15% Federal)

B. Separate Segregated Funds and Nonconnected Committees**Flat Minimum Federal Percentage**If the committee will allocate using the flat minimum percentage of 50% federal funds, check ☐**or**

If the committee is spending more than 50% federal funds, indicate ratio below

Federal..... %Nonfederal..... %

This ratio applies to (check all that apply):

Administrative ☐ Generic Voter Drive ☐ Public Communications Referencing Party Only ☐